

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-7046



January 7, 1985

ALL-COUNTY INFORMATION NOTICE I-01-85

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: INTERIM INSTRUCTIONS AND GUIDELINES ON SUBMITTAL OF AUTOMATED
ADMINISTRATIVE EXPENSE CLAIMS

REFERENCE:

Recently, the County Welfare Directors Association (CWDA) Fiscal Committee and the State Department of Social Services (SDSS) began discussing the efforts already underway in many counties and in SDSS to automate the administrative expense claim. As a result, an Automated Administrative Expense Claim Task Force (ACTF) was established to address microcomputerization in fiscal areas.

This letter provides interim instructions to counties which have developed automated administrative expense claims and wish to begin submitting printouts of the claim in lieu of state provided forms. In order to obtain approval to begin submitting automated administrative expense claim printouts, counties must submit an original and one copy of their proposed claim printout to the Fiscal Policy and Procedures Bureau (FPPB) for comparison with their corresponding manual claim.

Each claim printout will be reviewed by FPPB staff on a county-by-county basis for format, readability, consistency with state forms, and ease of use and handling. Automated administrative expense claim printouts must meet the following minimum guidelines:

- o The proposed claim printout must be for the most recent (or current) quarter, beginning with the October-December 1984 quarter.
- o All printout pages must include the SDSS revision dates, effective dates, county, and quarter being submitted.
- o Automated claim printouts must approximate the state provided claim forms. The claim printout must reflect the same column designations, line items and all other elements reflected on the printed forms. Abbreviations of program names and claim headings must be readily identifiable by SDSS staff.

- o For uniformity and photocopy purposes, all data shown on the original automated claim must be printed on a minimum standard of 20 pound stock paper, fanfolded, and sized 11" x 14". Separate pages must be produced for each page of the administrative expense claim. The print must be dark enough to reproduce at least three generations.
- o The County Certification, Group VII on the DFA 325.2, is to be omitted. A new state form, DFA 325.5, Expenditures Certification for Automated Administrative Claim will be forwarded to the counties shortly. The DFA 325.5 (sample copy attached) and the Claim Summary Sheet (DFA 419) must accompany each claim printout.
- o Counties must continue to use the state provided forms for adjustment claims for periods prior to their automated claim approval date.

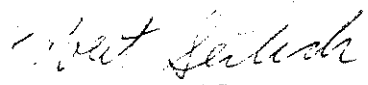
If the county's claim printout is acceptable, approval will be granted to begin submitting the claim printout in lieu of the state provided forms.

If the claim printout is unacceptable, the county will be notified in writing of the changes which must be incorporated.

Implementation of this process is a county-state joint effort toward our common goals of achieving a more efficient system and minimizing staff time spent at both levels of government in the processing of administrative expense claims.

We are encouraged that the ACTF has evolved to consider county implementation of microcomputer usage in producing the administrative expense claim. To further foster the efforts of the task force, we ask that you direct your comments, concerns and suggestions to the task force through the CWDA Fiscal Committee. It is hoped that the task force will evolve into a resource for sharing experiences and for providing suggestions for our mutual benefit.

All questions concerning the submittal of an administrative expense claim printout should be directed to the Fiscal Policy and Procedures Bureau at (916) 445-7046 or ATSS 485-7046.


 ROBERT T. SERTICH
 Deputy Director
 Administration

Attachment

cc: CWDA

VII. EXPENDITURE CERTIFICATION FOR AUTOMATED ADMINISTRATIVE CLAIMS

COUNTY
QUARTER

COUNTY CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in and for said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the welfare programs in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE
--------------------------------------	------

I hereby certify, under penalty of perjury, that I am the official in aforesaid county, responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the welfare director; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY AUDITOR	DATE
-----------------------------	------

Claim Contact Person _____ Telephone _____